

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35612

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8794**

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b> |  | c. LENGTH OF STAY (in this place)   | c. CITY OR TOWN <b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>       |                                  |
| e. STREET ADDRESS (If rural, give location)<br><b>23 2636 Lafayette Ave., 2257</b>                  |  |   |                                  |

|  |   |
|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Ruth</b><br>b. (Middle) <b>Lenora</b><br>c. (Last) <b>Lasby</b> | 4. DATE OF DEATH<br>(Month) <b>9</b> (Day) <b>25</b> (Year) <b>54</b> |
|--|---|

|                      |                               |   |                                     |   |                        |                        |      |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Dec. 6 1920</b> | 9. AGE (In years last birthday) <b>33</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Ozark Co. Mo., 0</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

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|--|---|---|
| 13a. FATHER'S NAME <b>Harry B. Clark</b> | 13b. MOTHER'S MAIDEN NAME <b>Bessie Lewis</b> | 14. NAME OF HUSBAND OR WIFE <b>William A. Lasby</b> |
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|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil.</b> | 16. SOCIAL SECURITY NO. <b>493-24-1027</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bessie Lewis Niles Mich.,</b> |
|---|--|---|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 1005 No. 5th St.   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><b>Fat Embolism; Fr of Right Femur suffered when deceased was a passenger in a automobile driven by Ralph Oakley, was deced. killed in a accident on Hwy # 3, four miles South of Potosi, Illinois. Cause of death was same could not be determined. Open Verdict</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|   |   |   |
|---|---|---|
| 21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <b>Open Verdict</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Four miles So. of Potosi Ill</b> |
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|   |  |   |
|---|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>31 2816.4</b> |
|---|--|---|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above. **20**

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Patrick P. Taylor Coroner</b> | 23b. ADDRESS <b>1300 Clark</b> | 23c. DATE SIGNED <b>9-27-54</b> |
|---|--------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>9-27-54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b> |
|---|--------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>SEP 27 1954</b> | REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.H. Hoppe 4704 Washington Ave.</b> |
|---|--|---|

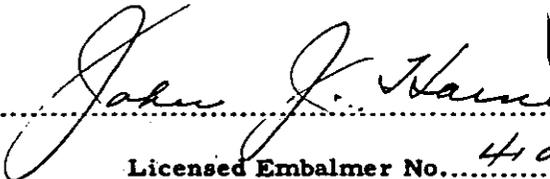
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
  
Licensed Embalmer No..... 410

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.